

JAN 20 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Miller Registration District No. 561 File No. 46055
Township Saline Primary Registration District No. 5755 Registered No. 76
City Osceola, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

William Monroe Nail

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cassy Jane Nail</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 18, 1856</u>		
7. AGE <u>81</u>	YEARS <u>0</u>	MONTHS <u>0</u>
		DAYS <u>21</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mountaineer, W. Va.</u>	
	13. NAME <u>James Nail</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Mary Pepperdine</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	17. INFORMANT (ADDRESS) <u>Charles H. Nail High Point Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>High Point</u> DATE <u>Dec 6, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>D. E. Ryan California, Mo.</u>		
20. FILED <u>Dec 6, 1937</u> <u>Belle Haynes</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from mel 12, 1937, to _____, 19____. I last saw him alive on Dec 1, 1937. Death is said to have occurred on the date stated above, at 9:30 A. M. The principal cause of death and related causes of importance were as follows:
Cardiovascular Renal Disease Date of onset 1930

Other contributory causes of importance: 131

Name of operation none Date of _____

What test confirmed diagnosis? drud Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) E. H. Shelton M. D.
(Address) Edon Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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